



# REAPPOINTMENT APPLICATION AS QUALIFIED MEDICAL EVALUATOR

For the Department of Industrial Relations

Industrial Medical Council

P. O. Box 8888

San Francisco, CA 94128-8888

## BLOCK 1 (FOR ALL APPLICANTS)

## PLEASE TYPE OR PRINT LEGIBLY

Please list your primary location. Additional locations may be added when your fee assessment is paid.

LAST NAME	FIRST NAME	MI	JR/SR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BUSINESS ADDRESS FOR QME EVALUATIONS

(DO NOT USE P. O. BOX)

CITY

ZIP

+

4

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MAILING ADDRESS FOR CORRESPONDENCE

CITY

ZIP

+

4

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(AREA CODE) PHONE NO.

(MM/YY)

<input type="text"/>	CAL. PROFESSIONAL LICENSE NUMBER	<input type="text"/>	EXPIRATION	<input type="text"/>	YEAR ENTERED PRACTICE	<input type="text"/>
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## PROCEED TO BLOCK 2

## BLOCK 2 (FOR MDs AND DOs ONLY)

### NOTE: APPLICANT MUST MEET ONE OF THE FOLLOWING REQUIREMENTS

	T (TRUE)	F (FALSE)
1) I am board certified in the specialty for which I am applying to become a QME by a board recognized by the Council and the Medical Board of California or the Osteopathic Medical Board of California. Date board certification expires, if applicable_____. (If you became board certified after your last QME application, you must attach a copy of the certificate of board certification).	<input type="checkbox"/>	<input type="checkbox"/>
2) I am board qualified because: a) Since 1985, I have not failed the specialty certifying exam in the specialty for which I seek -appointment as a QME; and	<input type="checkbox"/>	<input type="checkbox"/>
b) I have completed the minimum requirements as defined by a specialty board recognized by the Council for postgraduate training in the specialty at an institution recognized by the ACGME or the osteopathic equivalent on _____. (Date Completed)	<input type="checkbox"/>	<input type="checkbox"/>
3) I declare under penalty of perjury to the Council that I wrote 100 or more ratable comprehensive medical-legal evaluation reports and served as an AME on 25 or more occasions during each calendar year between January 1, 1990, and December 31, 1994. (Please provide documentation of 25 AMEs between January 1, 1994 and December 31, 1994, i.e. AME cover letters or first page of the reports), if you have not already done so.  I have submitted these documents previously.	<input type="checkbox"/>	<input type="checkbox"/>
4) I have qualifications that the Council and the Medical Board of California or the Osteopathic Medical Board of California both deem to be equivalent to board certification in a specialty. (Please submit documentation from the Medical Board).	<input type="checkbox"/>	<input type="checkbox"/>
5) I declare under penalty of perjury to the Council that I served as an AME on 8 or more occasions prior to 1/1/70.	<input type="checkbox"/>	<input type="checkbox"/>

## PROCEED TO BLOCK 3

<b>T</b>	<b>F</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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## IMC FORM 104 Rev. 4/14/00

## **A PUBLIC DOCUMENT**

PRIVACY NOTICE - The Information Practices Act of 1977 and the Federal Privacy Act require the Industrial Medical Council (IMC) to provide the following notice to individuals who are asked by a governmental entity to supply information for appointment as a Qualified Medical Evaluator (QME).

The principal purpose for requesting information from QMEs is to administer the QME program within the California workers' compensation system. Additional information may be requested if your application is denied and/or a disciplinary action is taken.

The California Labor Code requires every QME physician to meet certain statutory requirements. Physicians are required by the Labor Code to provide: name; business address/addresses; professional education; training; license number; year entered practice and other requirements deemed necessary by the IMC. It is mandatory to furnish all the appropriate information requested by the IMC. Failure to provide all of the requested information may result in the denial of the application.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order or pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the IMC. An individual may also amend, correct, or dispute information in such personal records (Civil Code § 1798.34-1798.37).

Requests should be sent to:

Industrial Medical Council  
P.O. BOX 8888  
SAN FRANCISCO, CA 94128-8888  
(650) 737-2700  
[www.dir.ca.gov](http://www.dir.ca.gov)

You may request a copy of the IMC policy and procedures for inspection of records at the above address. Copies of the procedures and all records are ten cents (\$0.10) per page, payable in advance. (Civil Code § 1798.33).

# For Use on the QME Reappointment Application Form

IMPORTANT: PLEASE USE THREE LETTER SPECIALTY CODE WHEN COMPLETING BLOCK 4 OF THE REAPPOINTMENT APPLICATION FORM

## MD/DO SPECIALTY CODES

MAI	Allergy and Immunology
MAA	Anesthesiology
MRS	Colon & Rectal Surgery
ME	Dermatology
MM	Emergency Medicine
MP	Family Practice - MD
OP	Family Practice - DO
OM	Family Practice - DO - Including Osteopathic Manipulation
MM	General Preventive Medicine
MH	Hand - Orthopaedic Surgery
MH	Hand - Plastic Surgery
MH	Hand - Surgery
MM	Internal Medicine
MV	Internal Medicine - Cardiovascular Disease
ME	Internal Medicine - Endocrinology Diabetes and Metabolism
MG	Internal Medicine - Gastroenterology
MH	Internal Medicine - Hematology
MI	Internal Medicine - Infectious Disease
MO	Internal Medicine - Medical Oncology
MN	Internal Medicine - Nephrology
MP	Internal Medicine - Pulmonary Disease
MR	Internal Medicine - Rheumatology
MQ	Medicine - Otherwise Qualified
MN	Neurology
MS	Neurological Surgery
MM	Nuclear Medicine
MG	Obstetrics and Gynecology
MO	Occupational Medicine
MP	Ophthalmology
MS	Orthopaedic Surgery
MB	Orthopaedic Surgery - Including Back
MO	Otolaryngology
MP	Pain Management - Anesthesiology
MP	Pain Management - Pain Medicine
MA	Pathology
MP	Pediatrics
MR	Physical Medicine & Rehabilitation
MS	Plastic Surgery
MD	Psychiatry
MY	Radiology
MS	Surgery
MG	Surgery - General Vascular
MIS	Thoracic Surgery
MPT	Toxicology - Occupational Medicine
MET	Toxicology - Emergency Medicine
MU	Urology

## NON-MD/DO SPECIALTY CODE

\*denotes a doctor of chiropractic who has completed a chiropractic post-graduate specialty program

ACA	Acupuncture
DCH	Chiropractic
DCN	Chiropractic - Neurology*
DCO	Chiropractic - Orthopaedic*
DCR	Chiropractic - Radiology*
DCS	Chiropractic - Sports Medicine*
DCT	Chiropractic - Rehabilitation*
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology-Clinical Neuropsychology